

PART B - FEE(S) TRANSMITTAL

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33087 7590 02/10/2006

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Laura E. Baugher	(Depositor's name)
<i>Laura Baugher</i>	(Signature)
5/10/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/808,951	03/25/2004	Shih-Ked Lee	IDI-1666A	6352

TITLE OF INVENTION: GATE STRUCTURES HAVING SIDEWALL SPACERS USING SELECTIVE DEPOSITION AND METHOD OF FORMING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/10/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS		05/10/2006 WABDELR3 00000003 090437	10808951
TOLEDO, FERNANDO L	2823	438-197000	01 PC:1501	1400.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Integrated Device Technology, Inc.

San Jose, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0437 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature

Date May 10, 2006

Typed or printed name CHRISTOPHER NOVAK

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